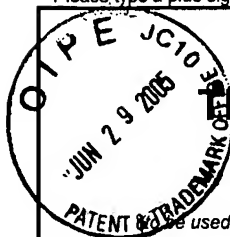


06-30-05

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# TRANSMITTAL FORM

Use for all correspondence after initial filing)

|  |   |                        |
|--|---|------------------------|
| Application Number                       |   | 10/646,396             |
| Filing Date                              |   | August 21, 2003        |
| First Named Inventor                     |   | Donna Shattuck         |
| Group Art Unit                           |   | 1653                   |
| Examiner Name                            |   | K. Carlson             |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number |
|  |   | 1309.05                |

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| Remarks   |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |   |
|-------------------------------|---|
| Firm<br>or<br>Individual Name | JONATHAN A. BAKER, PH.D., REG. NO. 49,022 |
| Signature                     |   |
| Date                          | JUNE 29, 2005                             |

## CERTIFICATE OF EXPRESS MAIL

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|---|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Express Mail Label No. EV 600556829 US |                   |
| Typed or printed name   | Stacey L. Stamper |
| Signature   |                   |
| Date  | June 29, 2005     |

Attorney Docket No. 1309.05

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Shattuck et al. )

Application No.: 10/646,396 )

Filed: August 21, 2003 )

For: DEPRESSION GENE )

Group Art Unit: 1653

Examiner: K. Carlson

CERTIFICATE OF EXPRESS MAIL

"Express Mail" mailing label number: EV 600556829 US

Date of Deposit: June 29, 2005

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Stacey L. Stampet  
Stacey L. Stampet

6/29/05  
Date

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following amendments and remarks are filed in response to the Examiner's remarks in the Office Action mailed March 29, 2005.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.